

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010250

DO NOT WRITE  
ON THIS STUB

FILED MAR 20 1963

4

Primary Registration District No.

Registrar's No.

23

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Pottawattamie</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Near Watson mo</u>		c. CITY OR TOWN <u>Council Bluffs</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi. E. Watson mo</u>		d. STREET ADDRESS <u>724 1/2 West Broadway</u>	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Joseph</u> Last <u>Nigro</u>		4. DATE OF DEATH Month <u>March</u> Day <u>3</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 7, 1924</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pres. Yellow Cab Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Taxi Business</u>	
11. BIRTHPLACE (City and state or country) <u>Omaha, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Salvatore Nigro</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Palazzo</u>	
14. NAME OF HUSBAND OR WIFE <u>Katherine Nigro</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>WWII</u>	
16. SOCIAL SECURITY NO. <u>5</u>		17. INFORMANT <u>Council Bluffs, Iowa</u> <u>Mrs. Katherine Nigro</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACCIDENTAL PLANE CRASH (BURNED)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY <u>7:30</u> Hour <u>7:30</u> p.m. Month, Day, Year <u>3-3-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>3 mi. E. Watson</u>		20f. CITY, TOWN, OR LOCATION <u>Atchison</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. Gallus</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Rock Port Mo.</u>	
22c. DATE SIGNED <u>3-5-63</u>		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/7/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
23d. LOCATION (City, town, or county) <u>Omaha, Nebraska</u>		23e. DATE RECD. BY LOCAL REG. <u>Mar 12, 1963</u>	
24. FUNERAL DIRECTOR <u>Beem Belford Co. Co. Bluffs, Iowa</u>		26. REGISTRAR'S SIGNATURE <u>Therion H. Schuler</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAR 21 1963

APR 9 1963

MAY 22 1963

E03  
E-12

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *E. E. Burton*

Licensed Embalmer No. 1964

P. O. Address Rocky Point Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.